



Practising Knowing in Emergency Departments

*Tracing the disciplinary and institutional complexities
of working, learning and knowing
in modern emergency departments*

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Certificate Of Authorship/Originality

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate

Acknowledgements

'Knowledge is not something people possess in their heads, but rather something that people do together' (Gergen 1985, p. 270).

So it is with this thesis. While I have worked the solitary hours, the knowledge of this work has been and remains a collective effort. The activities and contributions of my supervisors, Professor Hermine Scheeres and Professor Rick Iedema, involving many hours of reading, talking, refining and clarifying ideas, are incalculable. I would like to express my gratitude to them sincerely and put on record how fortunate I feel to have worked with such interested and fine minds. Their supervisory practices portray the scholarship and professionalism of the Academy as it should be enacted.

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Table of Contents

Certificate Of Authorship/Originality	i
Acknowledgements	iii
Table of Contents	v
List of tables	viii
List of Figures.....	viii
List of Pictures.....	ix
List of Charts	ix
List of Documents	ix
Abbreviations, acronyms and technical symbols	xi
Abstract.....	xiii
Chapter One – Introducing the study	1
Purpose and flow of this chapter	1
1.1. Introduction.....	1
1.2. The central concerns of the research.....	3
Research questions.....	6
Finding the research focus	6
1.3. Background to the study	9
1.4. The research participants	11
Introducing the EDs	11
Introducing the research participants	13
1.5. Outline of the thesis	16
1.6. Concluding comments to Chapter One	20
Chapter Two – Locating the study	21
Purpose and flow of this chapter	21
2.1. The prevailing view of ED (communication) work.....	22
2.2. Shortcomings of existing approaches to understanding ED work	24
2.3. What practice theory offers	29
Defining knowledge, knowing, knowing in practice, information, and not knowing	30
Defining the relationship between working, learning and knowing	34
Defining organisations and institutions.....	34
Defining timespace	36
Defining practices	37
2.4. What pre-practice theory (or conventional communication) research offers.....	44
Interactional studies.....	45
Information seeking/learning studies.....	46
Space and communication studies	47
Team rivalry studies.....	49
2.5. Concluding comments to Chapter Two.....	50
Chapter Three – Theorising new practice research methodologies	53
Purpose and flow of this chapter	53
3.1. Epistemological and theoretical perspectives	53
3.2. Methodological approaches to researching practice.....	56
Why an ethnographic approach?	57
Why a linguistic ethnographic approach?.....	59
3.3. Methodological design – an innovative approach.....	63
3.4. Research design – the ED consultation.....	63

3.5.	Methods for collecting data.....	66
	Interviewing doctors and nurses	67
	Audio-recording the consultations	68
	Observing the context of the consultations	68
3.6.	The data set: two case study consultations	70
3.7.	Data produced: analysis of the consultation audio transcripts and field notes: knowledge networks	73
3.8.	Analysis of the consultation audio transcripts and field notes: the practice/LE matrix	76
3.9.	Limitations of the study.....	82
	Understanding methodological limitations.....	82
	Limitations in recruiting patients to the study	83
	Limitations of the research perspective	84
3.10.	Concluding comments to Chapter Three	88
	Chapter Four – Working practices.....	89
	Purpose and flow of this chapter	89
4.1.	Introducing Jane Edna and Joel	89
4.2.	Working: a macro perspective on how nurses and doctors work collectively	92
	Collective networking for Jane Edna’s care	95
	Collective networking for Joel’s care.....	99
4.3.	Working: a micro perspective of how nurses and doctors work individually	102
	Working at Jane Edna’s bedside.....	105
	Working at Joel’s bedside	107
4.4.	The model of information transfer in the organisation of the ED consultation..	109
4.5.	What happens in practice?.....	111
4.6.	Working practices – connecting through activity	115
4.7.	Concluding comments to Chapter Four	117
	Chapter Five – Learning practices.....	119
	Purpose and flow of this chapter	119
5.1.	Connecting working, learning and knowing.....	119
	Structure of Chapter Five.....	120
5.2.	Doctors’ and nurses’ professional formation prior to (and when apprenticed) in the ED	123
	Learning practice knowledges: a disciplinary perspective on learning medical practice.....	123
	Learning practice knowledges: a disciplinary perspective on learning nursing practice.....	125
	Learning practice knowledges through apprenticeships (internships): a health department perspective on learning medical (and nursing) practice in the ED	125
5.3.	Informal learning arrangements: doctors’ and nurses’ learning practices <i>in situ</i> , work, task and role allocation	126
	Learning through participation in practices (introduction).....	126
	Learning through participation in practices (discussion)	138
	Learning through institutional practices, objects, posters, documents etc.....	144
	Learning through peripheral participation (informal).....	146
	Learning by doing (informal).....	151
5.4.	Formal learning arrangements	153

Learning through (peripheral) participation in practices, i.e. being supervised, being mentored, paired working.....	153
Learning by doing (apprenticeship).....	154
Learning in vacuo through reflexive or in-service training sessions.....	155
5.5. Learning as emergent and past, present and future-oriented.....	156
5.6. Concluding comments to Chapter Five.....	159
Chapter Six – Knowing/not knowing (practices)	161
Purpose and flow of this chapter	161
6.1. Nurses’ and doctors’ iterative activities	161
6.2. Knowing/not knowing: collective and individual.....	167
6.3. The bricolage of knowing/not knowing: a contingent space	181
Knowing/not knowing at Jane Edna’s and Joel’s bedsides	187
6.4. Working with things unknown	188
6.5. Knowing/not knowing and the current model of ED care.....	194
6.6. Shifting from knowledge to knowing	195
6.7. Concluding comments to Chapter Six.....	199
Chapter Seven – Knowing in practice.....	201
Purpose and flow of this chapter	201
7.1. The concept of practising knowing.....	202
7.2. A meta-disciplinary, and institutional practice framework	207
Group one: ‘Being there’	209
Group two: ‘Thinking ahead’	209
7.3. A proximal practice.....	211
7.4. A prefigured participatory practice.....	214
7.5. A predictive/pre-emptive practice	218
7.6. A protocol or rule-governed practice.....	223
The framework in summary.....	227
7.7. Concluding comments to Chapter Seven.....	229
Chapter Eight – Reframing ED work.....	231
Purpose and flow of this chapter	231
8.1. The argument.....	231
Revisiting the research questions.....	235
8.2. Reframing conventional approaches to addressing teamwork and interprofessional communication in EDs	236
8.3. Introducing a meta-disciplinary and institutional framework of practices in EDs	241
8.4. Extending understandings of knowing in practice in complex settings: the fragility of knowing.....	243
8.5. Contributing a new analytical framework for investigating ED work.....	245
8.6. Epistemology and practice – going forward.....	247
8.7. Conclusion	249
Appendix 1 – Situating this thesis in a larger ARC study	253
Appendix 2 – Identifying the hospital data	257
Hospital A data (St Williams Hospital (large urban ED))	257
Hospital B data (Healthy Hospital (semi-rural ED)).....	259
Hospital C data (Greater Beach Hospital (semi-rural ED))	262
Hospital D data (St Crispin’s hospital (large urban ED)).....	264
Hospital E data (St Geremias Hospital (large urban ED)).....	267
Appendix 3 – Presenting the data collection methods and questionnaires	271

Appendix 4 – Publications related to this thesis	277
Appendix 5 – Seeing Jane Edna’s consultation.....	279
Appendix 5 – Seeing Joel’s consultation.....	281
References and Bibliography.....	283

List of tables

Table 1: Overview of hospitals in this study.....	13
Table 2: Comparison between conventional and focused ethnography (Kornblauch 2005, sect. 4).....	58
Table 3: Coding for the practice/LE matrix.....	77
Table 4: Coded encounters on the audio-recorded transcripts.....	78
Table 5: Development of the practice/LE matrix: a research artefact.....	80
Table 6: Participants involved in Jane Edna’s care: key roles and tasks	96
Table 7: Participants involved in Joel’s care: key roles and tasks	100
Table 8: Clinical stages of Jane Edna’s and Joel’s consultations.....	111
Table 9: Non-linearity of knowing at the bedside.....	112
Table 10: Arrangements and features of learning	122
Table 11: Learning: enacting disciplinary tasks (and authority) in Jane Edna’s consultation	133
Table 12: Learning: enacting disciplinary tasks (and authority) in Joel’s consultation	138
Table 13: Collective not knowing about Jane Edna	168
Table 14: Collective not knowing about Joel.....	175
Table 15: Knowing/not knowing in the timespace of the ED.....	187
Table 16: Repertoire of practices, activities and actions of practising knowing in EDs.....	208

List of Figures

Figure 1: An organisational view of the ED consultation as a diagnostic event.....	65
Figure 2: Early field notes showing links between clinicians	74
Figure 3: Later field notes showing timings of clinicians’ visits to Dulcie’s bedside.....	75
Figure 4: Small scale version of a final knowledge network.....	76
Figure 5: The stages of care in the ED	93
Figure 6: Knowledge networks for Jane Edna’s 11 hour 15 minute consultation.....	98
Figure 7: Knowledge networks for Joel’s four-hour consultation.....	101
Figure 8: Working at Jane Edna’s bedside: history taking.....	104
Figure 9: Arrival at the ED and move to the bed for Joel.....	107
Figure 10: Proximal and prefigured participatory practices.....	209
Figure 11: Predictive, pre-emptive and protocol or rule-governed practices	210
Figure 12: Meta-disciplinary and institutional practice framework	210

List of Pictures

Picture 1: Nursing union poster outlining allegiances, identity, values and ‘work’	141
Picture 2: Nurse Wanda stands at the computer with Doctor Louis, ‘identified’ differently through their attire and colours	144
Pictures 3, 4 & 5: Readily accessible documentation cupboards with relevant forms for staff to complete in three different EDs	144
Picture 6: Bed allocations for nursing staff, wall clocks, reminder notices, filing trays ‘organising’ work	145

List of Charts

Chart 1: Visits to the bedside of Jane Edna (JE) (modified from Manidis & Scheeres 2012, p. 111)	163
Chart 2: Visits to the bedside of Joel (J)	165
Chart 3: Comparison of visits to the bedsides of Jane Edna and Joel	166

List of Documents

Document 1: Jane Edna’s triage notes	169
Document 2: Joel’s triage notes	176

Abbreviations, acronyms and technical symbols

ACEM	Australasian College for Emergency Medicine
Ambos	Ambulance Officers
ARC	Australian Research Council
BP	Blood pressure
CA	Cancer (determined by the context)
CA	Conversation Analysis (determined by the context)
CNN	Cable News Network
CT	Computered Tomography
D1, N2, P	abbreviations referring to clinicians and patients in the talk
ECG	Electrocardiogram
ED	Emergency Department
EDIS	Electronic Data Information System
Fast Track	Special house doctor facility in some emergency departments
in actu	in the actual event
in situ	in the place
in vacuo	in isolation from a real context
LE	Linguistic Ethnography
KM	Knowledge Management
MET	Medical Emergency Team
‘mets’	metastasis
NSW	New South Wales
‘obs’	observations
‘pat’ slide	patient slide
post hoc	after this, afterwards

RCT	Random Control Trials
‘resusc’	resuscitation (the room or the process)
‘sats’	Saturation readings
SFL	Systemic Functional Linguistics

Non-standard words

idio-adaptive	responding and adapting individually
idiocentric	centred on individual tasks and actions
diasomatic	body to body

Transcription symbols

(Adapted from O’Grady 2011, p. 71, based originally on Sacks, Schegloff, & Jefferson 1974:731)

[A single square bracket indicates the point at which a current speaker’s utterance is overlapped by the talk of another
((double brackets))	explanation of text, body movement or the colour coding of the transcripts
(an) underlined word(s)	means the word is stressed which signals that the word is important in the statement
(words in single brackets)	my best guess as to what was said
...	indicates an unfinished sentence
(..)	indicates that the words or phrases are not clear or audible

Abstract

In this thesis I examine ‘knowing in practice’ (Gherardi 2006) in emergency departments (EDs) and present a new conceptualisation of how knowing in practice is done. In particular, I examine how nurses and doctors draw on recognised disciplinary practices and adapt these in the institutional setting of the ED to reconstitute what they need to know to enact safe practice. I situate their practices in a meta-disciplinary and institutional practice framework, as collective enactments of ED work that are proximal, prefigured participatory, pre-emptive, and protocol or rule-governed.

Through analyses of the study’s ethnographic and linguistic ethnographic data, collected in five Australian EDs over four years, I explore how nurses and doctors work, learn and know in the ED. Drawing on practice theorisations of organisational work (Gherardi 2008; Orlikowski 2002; Schatzki 2001a; Yamauchi 2006), I examine how their working, learning and knowing in practice respond to disciplinary and institutional structurings of care that afford particular opportunities for action. In doing this, ‘prominence and explanatory power’ are given to ‘materiality, spaces, time, the body, affectivity, interests, and preoccupations [in the ED]’ (Nicolini 2011, p. 617).

Findings show that as nurses and doctors interact with patients, others, the material arrangements of the ED and its objects, they engage in collective and individual activities and actions to resource, reconstitute and (re)produce ED knowledge. Knowledge is proposed as knowing: it is situated, embodied, teleological and relational, enacted in the activity of everyday practice(s). This view challenges the way knowledge is conventionally understood in healthcare, i.e. as an ‘epistemology of possession’ (Cook & Brown 1999, p. 383; Nicolini *et al.* 2008).

A focus on knowing rather than cognitive understandings of knowledge, shifts attention *away* from nurses and doctors as individual knowers/doers/communicators, *towards* a systemic, institutional and disciplinary framing: one that underpins the extra-individuality (Kemmis 2009) and teleological aspects of nurses’ and doctors’ professional practices (Schatzki 2009) and how these are enacted in the organisational setting of the ED.

The thesis findings contribute to a deeper understanding of the complexity of knowing in practice in the ED and reframe conventional approaches to addressing teamwork, interprofessional communication and the current model of care in EDs.

